

Exhibit F

FAX COVER SHEET (*This page should be returned to us with your completed financial analysis form*)

To: Loss Mitigation

From: John + Alice Peiffer Account Number(s) XXXXXXXXXX 92-99

Fax to: **1-866-709-4744 or mail to:** Loss Mitigation
 2711 North Haskell Avenue, Suite 900
 Dallas TX 75204

The following documentation must be included to determine eligibility:

- **Financial Analysis Form**
- **The enclosed Hardship Affidavit completed and signed by all borrowers (no notary required),**
- **A signed and dated copy of the IRS Form 4506-T (Request for Transcript of Tax Return) for each borrower (borrowers who filed their tax returns jointly may send in one IRS Form 4506-T signed and dated by both the joint filers), and**
- **Documentation to verify all of the income of each borrower (including any alimony or child support that you choose to rely upon to qualify). This documentation should include:**

For each borrower who is paid by an employer:

- Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return; and
- Copy of the two most recent pay stubs or other proof of income from your employer.

For each borrower who is self-employed:

- Copy of the most recent filed federal tax return with all schedules required by the IRS at the time you filed your return, and
- Copy of the most recent quarterly or year-to-date profit/loss statement.

For each borrower who has income such as Social Security, disability or death benefits, pension, public assistance, or unemployment:

- Copy of most recent federal tax return with all schedules and W-2 or copies of two most recent bank statements.
- Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit. Such benefit must continue for at least 3 years to be considered qualifying income under this program.

For each borrower who is relying on alimony or child support as qualifying income:

- Copy of divorce decree, separation agreement or other written agreement or decree that states the amount of alimony or child support and period of time over which it will be received. Payments must continue for at least 3 years to be considered qualifying income under this program.
- Proof of full, regular and timely payments; for example, deposit slips, bank statements, court verification or filed federal tax return with all schedules.

For each borrower who has rental income:

- Copies of most recent two years filed federal tax returns with all schedules, including Schedule E-Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent.

Additional items required if you are requesting a sale of your property:

- **Copy of listing agreement**
- **Copy of the sales contract**
- **Copy of the estimated Settlement Statement (HUD 1) if available**
- **Signed "third party authorization" form**

Financial Hardship Affidavit

Borrower Name: Rocio PICHARDO

Co-Borrower Name: Julio PICHARDO

Property Street Address: 1201 E. SUDENE AVE

Property City, State, Zip: FULLERTON CA 92831

Account Number: 9299

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower Co-Borrower

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" and have attached verifying documentation.

My household financial circumstances have changed. For example: death in family, serious or chronic illness, divorce, incarceration, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" and have attached verifying documentation.

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details under "Explanation" and have attached verifying documentation.

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details under "Explanation" and have attached verifying documentation.

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

Financial Hardship Affidavit

Borrower Name: Rocio RICHARDO

Co-Borrower Name: Julio RICHARDO

Property Street Address: 1201 E. SYDENE AVE

Property City, State, Zip: FULLERTON CA 92831

Account Number: 9299

In order to qualify for our offer to enter into an agreement to modify my loan, I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks (" ") the one or more events that contribute to my/our financial hardship and difficulty in making payments on my/our mortgage loan.

Borrower Co-Borrower

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details under "Explanation" and have attached verifying documentation.

My household financial circumstances have changed. For example: death in family, serious or chronic illness, divorce, incarceration, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details under "Explanation" and have attached verifying documentation.

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My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

There are other reasons I/we cannot make our mortgage payments. I have provided details under "Explanation" and have attached verifying documentation.

Explanation:

Please place us in your debt forgiveness program as I am totally
PERMANENTLY DISABLED. I HAVE HAD HT/PT, BACK & ARTHRITIS SINCE 1985.
STRESS CONDITION. THIS IS A PERMANENT TOTAL DISABILITY. MY WIFE
TAKES CARE OF ME & MY TWO KIDS. OUR INCOME IS 200 GROSS DUST
BILITY PAYING \$1400.00 A MONTH.
THIS HAS PLACED ME IN EMERGENCY HOSPITAL MANY TIMES & HAS CAUSED
ME TO BE HOSPITALIZED MANY TIMES OVER.

SEE ENCLOSED LETTER FOR DETAIL.

Please note I have not contacted Note on phone
because int + plant is recorded & it may be
called & I don't want that to happen

SP

NOTICE TO BORROWERS

Be advised that you are signing these documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income may subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud.

The information contained in these documents is subject to examination and verification. Any potential misrepresentation may be referred to the appropriate law enforcement authority for investigation and prosecution.



Borrower Signature

4-24-09
Date



Co-Borrower Signature

4-24-09
Date

FINANCIAL ANALYSIS FORM

Name (Borrower): <i>Rocio RICHARDO</i>	Daytime Phone: 714 447-4207	Alternate Phone: —
Name (Co-borrower): <i>Sylvia RICHARDO</i>	Daytime Phone: 714 447-4207	Alternate Phone: —
Mortgage Account Number: [REDACTED] 9299	—	Best time to reach you: anytime
Mailing Address:		

May we contact you via email:	Yes/No
If yes, please provide your email address:	
Is the property occupied?	<input checked="" type="checkbox"/> Yes/No
If yes, is it owner occupied or tenant occupied?	<input checked="" type="checkbox"/> Owner/Tenant
Have you filed bankruptcy?	Yes/No
Amount of funds available to contribute towards a workout?	\$ 400.00
Total number of individuals in your household:	4
Do you want to keep the property?	<input checked="" type="checkbox"/> Yes/No
Is your home listed for sale?	<input checked="" type="checkbox"/> Yes/No
If yes, what is the list price?	\$
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: _____ Realtor Phone: _____
Do you have a second mortgage?	<input checked="" type="checkbox"/> Yes/No
If yes, please provide contact information for your second mortgage company:	Name/phone number of second mortgage company:

EMPLOYMENT HISTORY

	Borrower	Co-Borrower	
Currently employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
How long?	—	—	
Present employer:	—	—	
If self-employed, name of company:	—	—	
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly) *	\$ 0	\$ —	\$ —
Unemployment Income (monthly)	\$ 0	\$ —	\$ —
Child Support / Alimony (monthly)	\$ —	\$ —	\$ —
Disability Income (monthly)	\$ 233.00	\$ 934.00	\$ 1167.00
Rental Income (monthly) <i>SECRET</i>	\$ —	\$ —	\$ 2551.00

*Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

(Note that some of the items included here are not applicable to the MTA program. I understand, however, that this form is to be used for various modification programs, including the MTA.)

FINANCIAL ANALYSIS FORM

Name (Borrower): <i>Rocio Richardo</i>	Daytime Phone: <i>714 447-4207</i>	Alternate Phone: <i>—</i>
Name (Co-borrower): <i>Sylvia Richardo</i>	Daytime Phone: <i>714 447-4207</i>	Alternate Phone: <i>—</i>
Net Account Number: <i>9299</i>	<i>—</i>	Best time to reach you: <i>Anytime</i>
Mailing Address: <i>1201 E. SUDENE AVE Fullerton CA 92831</i>		

May we contact you via email:	Yes/No
If yes, please provide your email address:	
Is the property occupied?	Yes/No
If yes, is it owner occupied or tenant occupied?	<i>Owner</i>
Have you filed bankruptcy?	Yes/No
Amount of funds available to contribute towards a workout?	\$ <i>400.00</i>
Total number of individuals in your household:	<i>4</i>
Do you want to keep the property?	Yes/No
Is your home listed for sale?	Yes/No
If yes, what is the list price?	\$ <i>—</i>
What is your agent's (realtor) name and telephone number? If applicable	Realtor Name: <i>—</i> Realtor Phone: <i>—</i>
Do you have a second mortgage?	Yes/No
Name/phone number of second mortgage company: <i>—</i>	

EMPLOYMENT HISTORY

	Borrower	Co-Borrower	
Currently employed?	<input type="checkbox"/> Yes <i>No</i>	<input type="checkbox"/> Yes <i>No</i>	
How long?	<i>—</i>	<i>—</i>	
Present employer:	<i>—</i>	<i>—</i>	
If self-employed, name of company:	<i>DISABLED</i>		
Description	Borrower	Co-Borrower	Total
Gross Salary / Wages (monthly) *	\$ <i>0</i>	\$ <i>—</i>	\$ <i>—</i>
Unemployment Income (monthly)	\$ <i>0</i>	\$ <i>—</i>	\$ <i>—</i>
Child Support / Alimony (monthly)	\$ <i>—</i>	\$ <i>—</i>	\$ <i>—</i>
Disability Income (monthly)	\$ <i>233.00</i>	\$ <i>934.00</i>	\$ <i>—</i>
Rental Income (monthly)	\$ <i>—</i>	\$ <i>—</i>	\$ <i>233.00</i>

*Gross salary/wages is your total monthly income before any tax withholding or employer deductions.

(Note that some of the items included here are not applicable to the MHA program. I understand, however, that this form is to be used for various modification programs, including the MHA.)

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Assets

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$ 275,000.00	\$ 265,000.00	\$ NEG
Personal Property	\$	\$	\$
Checking Accounts	\$ 40.00	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$ 225,040.00	\$	\$ 43,000.00 NEG

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$ 1608.35	\$ 183,542.70	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Mortgages / Liens / Rents	\$ ACCRUED	\$ 85,000.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$ —	\$ —	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowners Assoc. Dues	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$ INC	\$ INC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$ INC	\$ INC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance (i.e. wind, flood) (If not escrowed and included in your current mortgage payment.)	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance MEDICAL	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$ 100.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$ 100.00	\$ 6000.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$ 80.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$ 80.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$ 60.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dave Richards

Borrower Signature

Date

Julie Richards

Co-borrower Signature

Date

ASSETS/LIABILITIES

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Assets

Description	Estimated Value	Amount Owed	Net Value (est. value less amount owed)
Personal Residence	\$ 225,000.00	\$ 268,000.00	\$ -43,000
Personal Property	\$	\$	\$
Checking Accounts	\$ 40.00	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
Totals	\$ 225,040.00	\$ 268,000.00	\$ 43,000.00 Net

Liabilities (Expenses)

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$ 1,608.35	\$ 183,542.20	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Mortgages / Liens / Rents	\$ paid by	\$ 85,000.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$ —	\$ —	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Homeowners Assoc. Dues	\$ —	\$ —	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property Taxes (if not escrowed and included in your current mortgage payment)	\$ INC	\$ INC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowner's (hazard) Insurance (if not escrowed and included in your current mortgage payment)	\$ INC	\$ INC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other insurance (i.e. wind, flood) (If not escrowed and included in your current mortgage payment.)	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance MEDICAL	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$ 100.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$ 100.00	\$ 6,000.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$ 80.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$ 80.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$ 60.00	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$ —	\$ —	<input type="checkbox"/> Yes <input type="checkbox"/> No

Brooks Richardson

4-24-09

Borrower Signature

Tina Pisheda

4/24/09

Co-borrower Signature

Date

**LOSS MITIGATION DEPARTMENT
GMAC DEBT FORGIVENESS DEPARTMENT
2711 NORTH HASKELL AVE
DALLAS TEXAS 75204**

04/23/09

**TO: LOAN OFFICERS
RE: DEBT FORGIVENESS PROGRAM
LOAN NUMBER # [REDACTED] 9299.**

GENTLEMEN: PLEASE SEE THAT I HAVE SUBMITTED LOAN DOCUMENTS SEVERAL TIMES ALREADY.

MY REQUEST IS THAT YOU MAY PLACE ME INTO THE DEBT FORGIVENESS PROGRAM AS WE CANNOT CONTINUE TO MAKE THE MORTGAGE PAYMENT AS USUAL DUE TO THE FOLLOWING.

I HAVE BEEN BORROWING MONEY FROM MY FAMILY, BUT THIS HAS CHANGED, AS THEY CANNOT KEEP LENDING ME MONEY INDEFINITELY.

PLEASE BE ADVISED THAT I HAVE BEEN & WILL BE PERMANENTLY DISABLED DUE TO: HEART PROBLEM, (4) FOUR HERNIAS IN MY BACK WITH DEGENERATIVE DISEASE, ARTHRITIS, HIGH BLOOD PRESSURE, MIGRAINES, & STRESS. MY FATHER HAD (5) FIVE HEART BYPASSES DIED & MY MOTHER ALSO DIED WITH COMPLICATIONS.

ENCLOSED YOU MAY FIND VERIFICATION OF DEPOSITS FROM SOCIAL SECURITY OF MY INCOME OF \$934.00 FOR MYSELF, \$233.00 FOR RUTH JOYCE PICHARDO MY DAUGHTER (10) 233.00 FOR ROCIO PICHARDO MY WIFE. THERE IS NO INCOME FOR MY SON SAMUEL PICHARDO (3), AS WE ARE AT MAXIMUM BENEFITS.

PLEASE NOTE THAT I WAS WARNED BY GMAC TO MAKE THE JANUARY PAYMENT OR FACE THE CONSEQUENCES. THIS SENT ME TO HOSPITAL IN EMERGENCY WITH HEART PROBLEM AND HIGH BLOOD PRESSURE.

IN FEBRUARY I WAS ADVISED OF THE SAME THING. AGAIN I ENDED UP IN THE HOSPITAL.

IN MARCH, AGAIN I WAS WARNED TO MAKE THE MORTGAGE PAYMENT OR FACE THE CONSEQUENCES. AGAIN THIS PLACED ME IN THE HOSPITAL AT EMERGENCY.

IN APRIL THE SAME HAPPENED. A FEW TIMES I WAS ADMITTED AT HOSPITAL BECAUSE OF THE SAME REASON. THE DOCTORS WERE CONCERNED AND ASKED ME WHAT WAS SO SEVERE THAT WAS CAUSING MY BLOOD PRESSURE TO GO OUT OF CONTROL. I ADVISED THEM THAT MY WORRY WAS MY FAMILY WITH MY SITUATION.

I WAS ADMITTED SEVERAL TIMES TO THE HOSPITAL AND IT TOOK THEM SEVERAL WEEKS TO HAVE CONTROL MY BLOOD PRESSURE.

PLEASE NOTE I HAVE MEDICARE & MEDICAL, MY WIFE & KIDS HAVE MEDICAL, I HAVE SPOKEN MANY TIMES WITH LOAN MODIFICATION OFFICERS TO NO AVAIL.

PLEASE NOTE I HAVE REQUESTED SENATOR'S FIENSTEIN TO INTERFERE AS I SEE NO HELP SO FAR. THEY HAVE ADVISED ME TO OBTAIN CONTACT IN LOAN MODIFICATION DEPARTMENT IN ORDER TO DO FOLLOW UP AS THEY INFORMED ME I QUALIFY FOR THE DEBT FORGIVENESS PROGRAM.

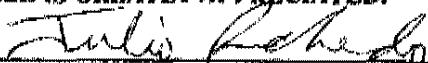
PLEASE PROCESS REQUEST IMMEDIATELY AS I HAVE SUBMITTED DOCUMENTS SEVERAL TIMES SINCE JANUARY AND TO DATE I HAVE NO RESPONSE FROM GMAC ABOUT DEBT FORGIVENESS PROGRAM REQUEST.

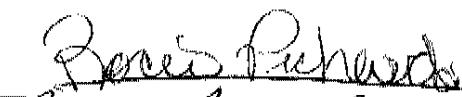
PLEASE NOTE I WILL NOT BE ABLE TO MAKE MAY'S PAYMENT DUE TO SITUATION MENTIONED ABOVE

IN ADDITION I WILL HAVE TO RESOLVE THE ISSUE OF TAXES AND INSURANCE. I DON'T KNOW HOW. PLEASE NOTE THESE ARE THE REASONS FOR REQUESTING THE DEBT FORGIVENESS PROGRAM AS MY INCOME WONT ALLOW ME TO DO MUCH.

YOUR PROMPT RESPONSE IS GREATLY APPRECIATED.

JULIO PICHARDO




Ruth Joyce Pichardo


Rocio Pichardo



Bank of America



0207 P P
E0-2

00 03/27 1 0000 818 1204000000 342 03965B #001 AV 0.324

JULIO C PICHARDO
ROCIO PICHARDO
1201 E SUDENE AVE
FULLERTON CA 92831-4711

Your Bank of America MyAccess Checking Statement

Statement Period:
February 19 through March 20, 2009

Account Number: [REDACTED] 8381

At Your Service
Call: 714.533.4470

Written Inquiries
Bank of America
Fullerton Main Office
PO Box 37176
San Francisco, CA 94137-0176

Customer since 1989
Bank of America appreciates your
business and we enjoy serving you.

Our free Online Banking service allows you to check balances, track account activity, pay bills and more. With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement. Enroll at www.bankofamerica.com.

Summary of Your MyAccess Checking Account

Beginning Balance on 02/19/09	\$20.61
Total Deposits	+ 1,167.00
Total Checks, Withdrawals, Transfers, Account Fees	- 1,160.00
Ending Balance	\$27.61

Number of ATM withdrawals and transfers	0
Number of purchase transactions	0
Number of 24 Hour Customer Service Calls	
Self-Service	0
Assisted	0

Bank of America News

Please read Bank of America Privacy Policy for Consumers 2009 carefully for important information. If you have other accounts with Bank of America you may receive more than one 2009 privacy policy notification. For more information, visit www.bankofamerica.com/privacy.

Account Activity

Date Posted	Description	Reference Number	Amount
Deposits and Credits			
03/03	US Treasury 303 DES: SOC SEC ID:XXXXX7374c2 SSA INDN:Rocio Pichardo For Co ID:3031036030 PPD Pmt Info:N1*gd*rocio Pichardo For N1*be*ruth Pichardo *34*618130639 Ref:009057004070847		\$233.00
03/03	US Treasury 303 DES: SOC SEC ID:XXXXX7374a SSA INDN:Julio Pichardo Co ID:3031036030 PPD Ref:009057004070846		934.00
	Total Deposits and Credits		\$1,167.00
Withdrawals, Transfers and Account Fees			
03/03	CA Tlr cash withdrawal from Chk 8381 Banking Ctr East Fullerton Branch #0002163 CA Confirmation# 6108562240		\$1,160.00

H

JULIO C PICHARDO
ROCIO PICHARDO

Statement Period: February 19 through March 20, 2009
Account Number: [REDACTED] 6381

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here
 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
 3. Add any credits not previously recorded that are listed on this statement (for example interest)
 4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
 2. Add any deposits not shown on this statement \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfer: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
 - Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
 - Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make us liable for, the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made or postdated.



H

0207 P P
EO-3

CD 02/25 1 0000 866 1030000000 091 006863 #001 AV 0.324

JULIO C PICHARDO
ROCIO PICHARDO
1201 E SUDENE AVE
FULLERTON CA 92831-4711

Your Bank of America MyAccess Checking Statement

Statement Period:
January 22 through February 18, 2009

Account Number: [REDACTED] 6381

At Your Service
Call: 714.533.4470

Written Inquiries
Bank of America
Fullerton Main Office
PO Box 37176
San Francisco, CA 94137-0176

Customer since 1989
Bank of America appreciates your
business and we enjoy serving you.

Our free Online Banking service allows you to check balances, track account activity, pay bills and more. With Online Banking you can also view up to 18 months of this statement online and even turn off delivery of your paper statement. Enroll at www.bankofamerica.com.

Summary of Your MyAccess Checking Account

Beginning Balance on 01/22/09	\$16.81	Number of ATM withdrawals and transfers	0
Total Deposits	+ 1,167.00	Number of purchase transactions	1
Total Checks, Withdrawals, Transfers, Account Fees	- 1,163.20	Number of 24 Hour Customer Service Calls	0
Ending Balance	\$20.61	Self-Service	0
		Assisted	0

Bank of America News

Prepare for the Unexpected. Overdraft Protection Service can be a great way to help you prevent fees. Funds are automatically transferred from your Bank of America Savings or Credit Card to your checking account when you are in an overdraft situation. To sign up, call the number on your statement or visit your nearby banking center.

Alerts can help make smarter spending decisions. Stay informed of activity in your accounts by signing up for Alerts. You can be notified automatically via email or text message to your cell phone and learn if your balances are low or when direct deposits have been posted. To sign up for the Alerts that are right for you, go to bankofamerica.com/myalerts

Account Activity

Date Posted	Description	Reference Number	Amount
02/03	Deposits and Credits US Treasury 303 DES: SOC SEC ID:XXXX7374c2 SSA INDN:Rocio Pichardo For Co ID:3031036030 PPD Pmt Info:N1*gd*rocio Pichardo For \N1*be*ruth Pichardo *34*618130639\ Ref:009029011107764		
02/03	US Treasury 303 DES: SOC SEC ID:XXXX7374a SSA INDN:Julio Pichardo Co ID:3031036030 PPD Ref:009029011107763		\$233.00 934.00

Continued on next page

California

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JULIO C PICHARDO
ROCIO PICHARDO

Statement Period: January 22 through February 18, 2009
Account Number: 6381

Account Activity Continued

Date Posted	Description	Reference Number	Amount
Deposits and Credits			
Total Deposits and Credits			
02/03	Withdrawals, Transfers and Account Fees Check Card Purchase on 02/02 (Card #256399502), Starbucks USA 00069824 Chino CA Ref #24164079033355472178297		\$13.20
02/03	CA TIR cash withdrawal from Chk 6381 Banking Ctr Brea Branch #0000952 CA Confirmation# 3695489529		1,160.00
Total Withdrawals, Transfers and Account Fees			\$1,163.20

FROM :JULIO PICHARDO

JULIO C PICHARDO
ROCIO PICHARDOStatement Period: January 22 through February 18, 2009
Account Number: [REDACTED] 6381

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How To Balance Your Bank of America Account**FIRST, start with your Account Register/Checkbook:**

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL

\$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals	Checks, ATM, Check Card, Electronic Withdrawals	Checks, ATM, Check Card